FINANCIAL SITUATION AND CUSTOMER SERVICE IMPROVEMENT PROPOSAL

Prepared for the Connect for Health Colorado
Board of Directors review and approval

April 13, 2015

Executive summary

- Connect for Health Colorado's 2015 **adjusted forecast is approximately on target**

- However, initial financial projections suggest long term financial sustainability will require making **challenging choices** to improve our revenue and cost position, similar to all exchanges

- As we look ahead, our **two critical goals** are to:
  - have a **successful open enrollment** period with improved customer service
  - put the Marketplace on the path to **financial sustainability**

- To advance these goals, management developed a **joint proposal** in coordination with HCPF that will significantly improve the customer experience and drive meaningful cost savings and revenue improvement:
  - Customer improvement: 20K new customers or $1M in revenue
  - Total investment of $4.1 to $5.1M in 2015 significantly offset by expected $5.7M in cost reduction and revenue uplift during the coming open enrollment period.

- We believe **a broader budget process** that incorporates input from key stakeholders is critical to charting a course to financial sustainability

- **Today, management seeks Board approval to move forward with this investment and move Connect for Health Colorado forward on the path of customer service and sustainability**.

Objectives for this discussion

1. Share brief version of the 2015 financial forecast
2. Discuss our 'key decision' technology and operational improvements proposal to position the Marketplace for successful November open enrollment
3. Review budget process to address 2016 financial sustainability needs

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2015 FY Forecast: Hindsight Analysis

- Significant variables introduced this year, both **planned AND unplanned** from 2015's Critical Assumptions:

   i. (+) No additional Federal Level I or II Grants pursued

   ii. (+) Earned revenue collection

   iii. **(-) Shared Eligibility System fully functional**

   iv. (-) Complete-system testing

   v. **(-) Carrier EDI completion**

   vi. (+) First year for renewals & auto-renewals

   vii. **(+) Maintain Non-Financial Assistance Customer Volume**

   viii. (+) Decision Support Tools in place

   ix. (-) Service Center efficiencies/capacity gained

   x. (-) Sufficient CBMS access

   xi. (-) Fully-staffed leadership & management teams

   xii. **(-) Stable plan pricing**

Takeaway: Recognizing the many inter-dependent and complex assumptions is critical context for both the expected 2015 actuals and 2016 Budget reality.

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2015 FY Forecast: Hindsight Analysis

Unforeseeable Operational Revenue Impacts	Financial Impact
Cover Colorado	Above forecast fund transfer (+$5m)
No-cost Federal Grant Extension	Extended tech development into 2015
Medicaid member support	**CMS matching funds N/A**
APTC average amount decline	**Affordability-impacted Volume/Revenue**
Partial Supplemental Federal Grant awarded, Cash Pending	$6m awarded of $8m requested, have not received monies due to concerns about future of SES
Broad Market Assessment Timing	Revenue delayed 1 Qtr
Carrier Assessment Timing	Revenue delayed 2 Qtrs
Ancillary Product Development	**Development delayed**
SHOP Fees	System-impacted Volume/Revenue
Plan pricing decrease	Assessment-basis lower than forecast

Takeaway: Nearly all revenue lines experienced unforeseeable challenges.

Red = Negative Impact

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2015 FY Forecast: Hindsight Analysis

Unforeseeable Operational Expense Impacts	Financial Impact
Eligibility System (SES) functionality/complexity	Most revenue and expense areas impacted
Understaffing: turnover rate	Institutional knowledge, efficiency, productivity, recruiting
Medicaid support volume	**Most revenue and expense areas impacted**
Carrier interface complexity	Programming, reconciliation, case management
APTC Index decline of 20% > Net premium increase	**Affordability, Channel Support, consumer confusion, call routing, customer communications**
Inter-state & federal agency complexities	Opportunity Cost, 'speed-to-repair' rate, programming
High Yr.-over-Yr. Plan switch volume	**Service Ctr, HCG's, Brokers**
Audit & Oversight volume, depth, breadth	Opportunity Cost, staffing
Medicaid<>APTC Policy differentials	**High case management levels**
Complex family incomes, system interfaces	Service Ctr, HCG's, Brokers, Simultaneous Enrollments
SHOP Financial Management System defects	Manual processing

Takeaway: significant cost driver impact potential from external forces and decisions.

Red = Negative Impact

Successful State-based Exchange High-Level Comparisons

	Colorado	State #1	State #2	State #3	State #4
Enrollments	194,000	100k-180k	100k-180k	100k-180k	100k-180k
Fee Revenue	$16m	$26m	$30m	$26m	$28m
Medicaid Recovery	$0	$16m	$25m	$19m	$18m
Operating Expenses	TBD	$40m	$55m	$50m	$26m
Employees	48	75	120	67	52

- **Colorado has the highest QHP enrollment goal, the lowest fees, and the fewest employees of 5 top SBMs**
- **Opportunity: Medicaid reimbursement**

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2015 FY Forecast: Foresight Analysis

2015- 2016 Continuing Impacts	Financial Impact
SES 3.0 investment	**Net impact +/- cost/savings neutral**
Continuing Medicaid support volumes	**Service Center, Brand confusion, Channel capacity>Enrollments prevented, Medicaid match**
End-to-End review	TBD
Staffing additions required for OE3 prep	**Initial twelve positions , with addl. 15-20 positions**
Service Center Strategy	**Efficiency Gains; Vendor re-negotiations; Sustaining case management requirements; Reduce Service Levels**
Alternative supplemental revenue sources	Staff capacity restricted
Staff recruiting	Recruiter costs
Agency/County/SC call routing strategy	**Process alignment**
Carrier Interfaces	Programming, reconciliation
Cash Management Critical	**Utilize cash reserves to cover funding timing gap**

Takeaway: Room for developing cost savings and revenue opportunity will require policy shifts, efficiency opportunities taken, discipline, and creativity.
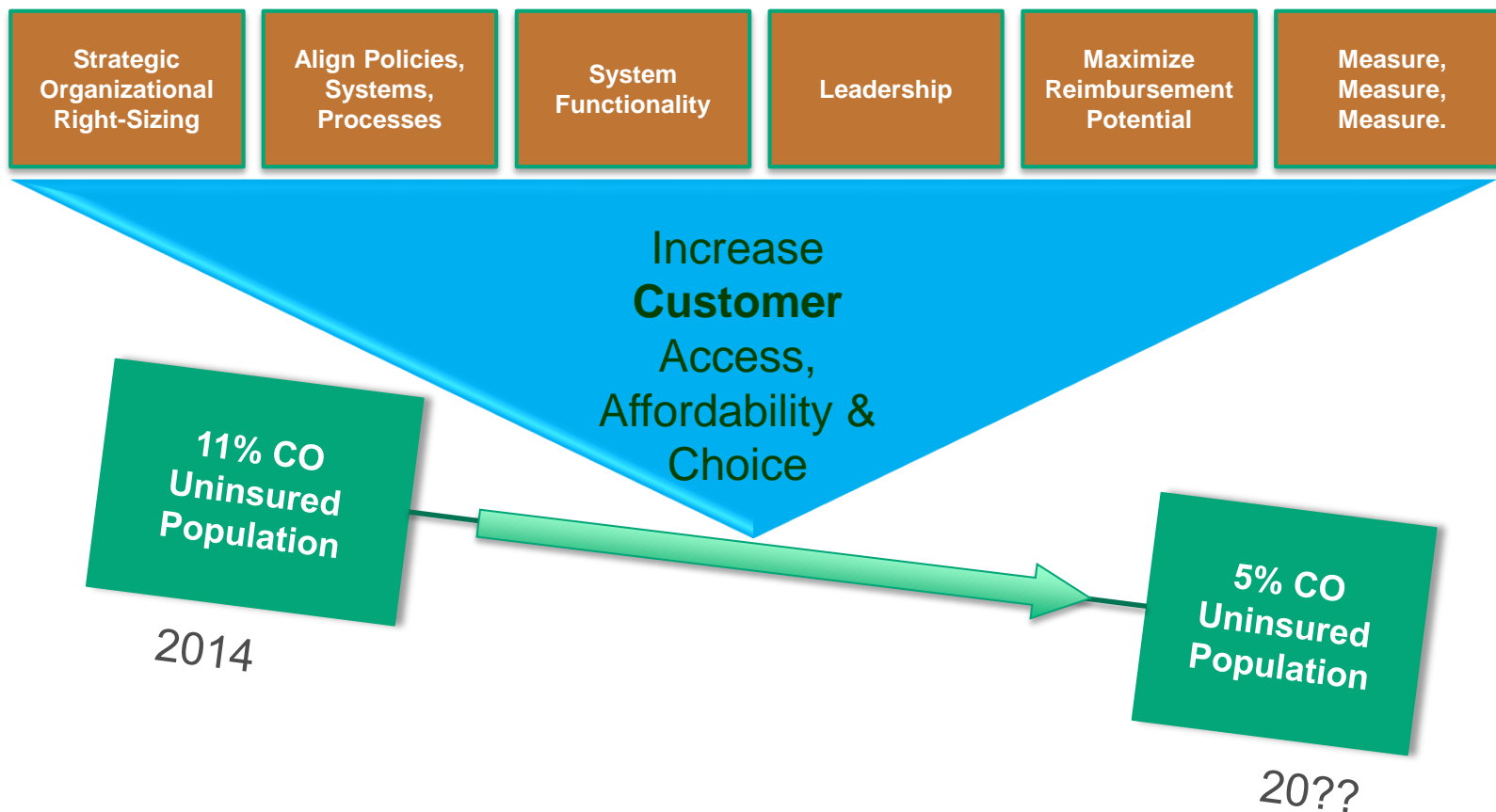
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2015 Financial Forecast

Premium Assumptions		FY 2014 Audited*	FY 2015 Budget	FY 2015 Approved Budget	FY 2015 Est Cash	
Admin Fee (Changes occur on January 1)				1.4%	1.4%	
Special Broad Market Assessment				$1.25	$1.25	
Revenue Assumptions						
Exchange Revenue from Admin Fees Health Plans		$2,162,295	$5,154,083		$5,660,000	
Special Broad Market Assessment		$0	$6,562,500		$3,500,000	
Revenue from Premium Tax Credit Donations		$5,000,000	$5,000,000		$5,000,000	
Foundation Grants - Actual & Estimated		$1,478,655	$2,500,000		$2,500,000	
Total Sustainable Revenues		**$8,640,950**	**$19,216,583**		**$16,808,640**	
Federal Grant Funding		$86,163,238	$62,614,664		$56,645,852	
Revenue from CoverColorado		$14,992,000	$8,500,000		$14,035,553	
Interest Income		$31,377	$0		$46,051	
Total Temporary Revenue Sources		$101,186,615	$71,114,664		$70,727,456	
Total Income		**$109,827,565**	**$90,331,247**		**$87,536,096**	
Operating/Technology Budget FY14/15		$88,679,099				
General & Administrative			$6,983,464	$7,066,894	$7,324,642	
Marketing			$4,806,000	$4,806,000	$4,771,736	
Assistance Network			$6,050,000	$6,050,000	$6,039,501	
Customer Service Center			$13,639,902	$16,814,902	$21,280,206	
Operations			$2,322,821	$2,322,821	$2,632,834	
Technology CAPEX			$20,322,215	$19,641,484	$15,231,915	
Technology Expense			$9,214,027	$16,266,006	$15,848,649	
Contingency					$500,000	
Total Expenditures			$63,338,429	$72,968,107	$73,629,483	
Implementation/Enhancement Costs/SES beginning in 2015					$170,000	
Total Expenditures		**$88,679,099**	**$63,338,429**		**$73,799,483**	
Net Change in Cash/Net Income Accrued		**$21,148,466**	**$26,992,818**		**$13,736,613**	

  Excludes depreciation, revenue & expense of using prepaid licenses and anyting beyond a limited IT maintenance budget

* Used change in cash positon in audit. Assumed all revenues were cash (included some receiveables) Payables on 6/30/14 $9,019,879

** $3,175,000 increase in call center costs, $4,289,000 in Oracle licenses and support, VM's $182,000, $83,000 in expanded office rent. Note - moved SES from Capex to Operating Expense
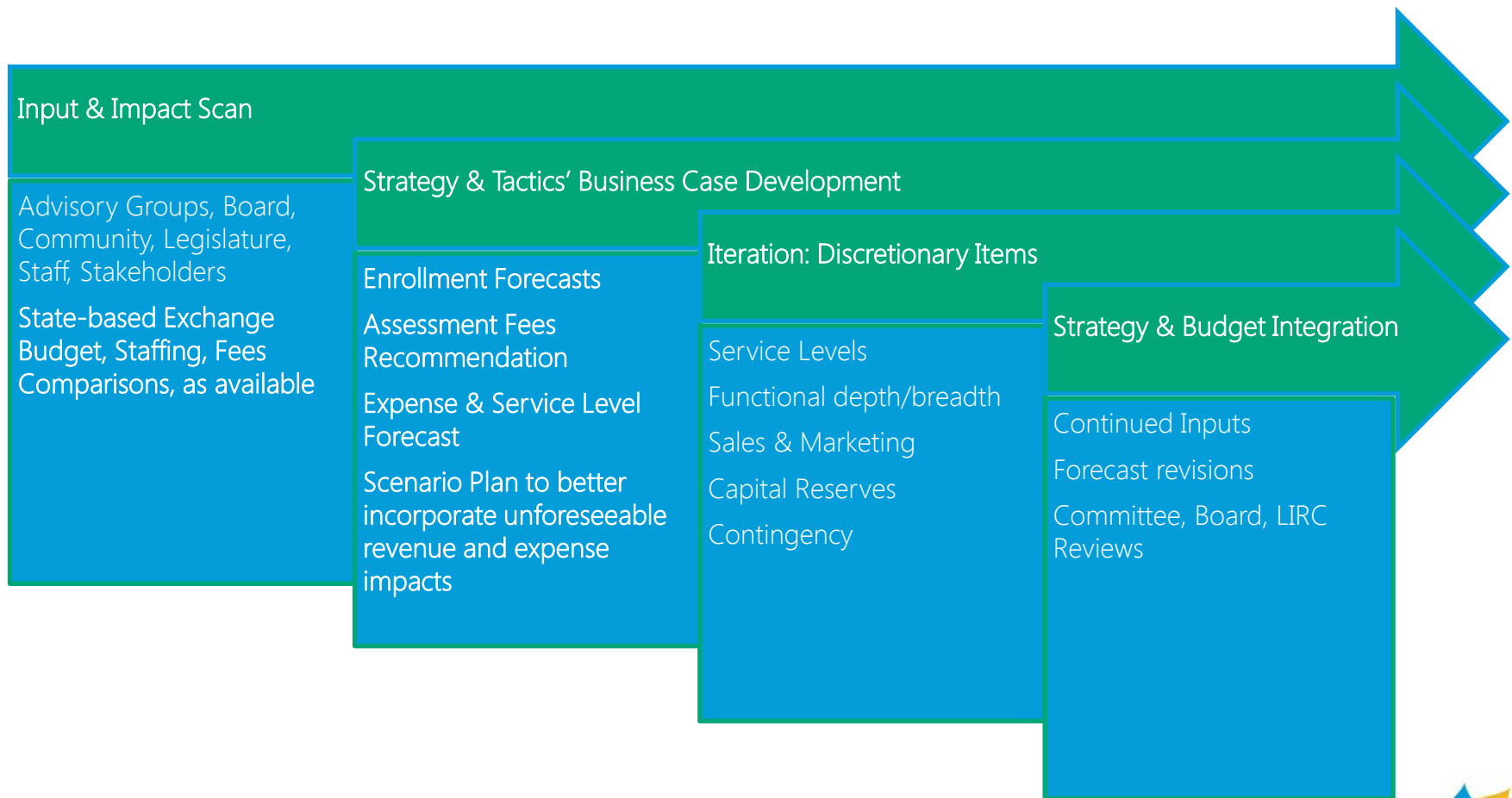
Takeaways:
Revenue: Cover CO $5m better than estimate; Market assessment & federal grant delays will catch up; revenue is on track with budget.
Expenses: Service Center over forecast; all other budget lines close to forecast, but masking lost opportunities.

Sustainability

| Strategic Organizational Right-Sizing | Align Policies, Systems, Processes | System Functionality | Leadership | Maximize Reimbursement Potential | Measure, Measure, Measure. |

Increase **Customer** Access, Affordability & Choice

11% CO Uninsured Population

2014

5% CO Uninsured Population

20??

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2016 Budget Process

Input & Impact Scan

Advisory Groups, Board, Community, Legislature, Staff, Stakeholders

State-based Exchange Budget, Staffing, Fees Comparisons, as available

Strategy & Tactics' Business Case Development

Enrollment Forecasts

Assessment Fees Recommendation

Expense & Service Level Forecast

Scenario Plan to better incorporate unforeseeable revenue and expense impacts

Iteration: Discretionary Items

Service Levels

Functional depth/breadth

Sales & Marketing

Capital Reserves

Contingency

Strategy & Budget Integration

Continued Inputs

Forecast revisions

Committee, Board, LIRC Reviews

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Financial Scenario Planning

Model Assumptions

Assumes year-to-year premium revenue growth of 20% (mix of members and premium increases) , cash collections dip in
   1st and 2nd calendar quarters 15%/10% respectively from yearend revenues

Budget does not include additional major projects beyond SES and excludes depreciation/prepaid noncash amortization in excess of $10 mil per year.

Premium Assumptions	FY 2014 Audited*	FY 2015 Cash Forecast	FY 2016 Previous Forecast	FY2017 Previous Forecast	FY 2016 Draft-Cash Basis	FY 2017 Draft-Cash Basis	FY2018 Draft-Cash Basis
December of Fiscal YR Medical Premium		39,000,000			46,800,000	56,160,000	67,392,000
Effectuated Enrollments		111,429	105,677	122,375	133,714	160,457	192,549
Average Estimated Premium pmpm		$350	$363	$381	TBD	TBD	TBD
Admin Fee (Changes occur on January 1)		1.4%	1.4% - 1.8%	1.8% - 2.8%	1.4% - 3.5%	3.5%	3.5%
Special Broad Market Assessment		$1.25	$1.60	$1.60	$1.80	$1.80	$1.80
Revenue Assumptions							
Total Income	$109,827,565	$87,536,096	$27,321,619	$26,262,740	$37,031,000	$44,134,000	$34,539,000
Total Expenditures	$88,679,099	$73,629,483	$26,000,000	$26,000,000	$37,031,000	$44,134,000	$34,539,000
Implementation/Enhancement Costs/SES		$170,000			$5,290,000	$750,000	$750,000
Savings from SES Fix					($2,611,000)	($3,100,000)	($3,100,000)
Total Expenditures	$177,358,198	$73,799,483	$26,000,000	$26,000,000	$39,710,000	$41,784,000	$32,189,000
Net Change in Cash/Net Income Accrued	($67,530,633)	$13,736,613	$1,321,619	$262,740	($2,679,000)	$2,350,000	$2,350,000

Takeaways:
i.   **Draft Financial Scenario Tool** to model rates/revenues/costs/enrollments/unforeseen
ii.   **Expenses currently matched** to revenue modelling to illustrate goals
iii.   Full-cycle OE completed: better informed for financial planning, rate-setting, expense goals
iv.   Capital Budget included in 2015; 2016 and beyond forecasts not comparable to early years
v.   **Original forecast included rate increases**, and minimal/optimal costs planned

Business Cases in Development

Description	Top Decision Components
Enrollment Targets and Sales Business Case	1. **Approval of SES recommendation** 2. Enhancements to SHOP product offering 3. Development of strategy around transition plans
Service Center Renegotiate / Reduce Costs	1. **Approval of SES recommendation** 2. Expectations regarding service levels 3. Physical location of primary and overflow service centers 4. Strategies around non-Marketplace calls (divert or support)
SHOP	1. Completion of market due diligence and the RFP process 2. Valuation of current costs to future costs including cost of changing partners 3. Expansion of Small Group Market to 100 or less
Staffing Plan	1. Balancing replacement consulting staff with FTEs and prioritization of same 2. Staffing plan for remainder of 2015 that supports growth and sustainability. 3. Staffing plan to support FY2016
Hosting	1. Timeline for rehosting and dependencies 2. Ability to renegotiate hosting rates with CGI
Decision Support, Broker Portal, V.3.0	1. Evaluation of enhancements in new version of code and relative impact on sales & costs 2. Stay on most current versions of code to stay under warranty and receive product fixes
Sustainability, Fees	1. **Approval of SES recommendation** 2. Preliminary operating and capital expenditure models & associated cash flow expectations 3. Develop revenue budgets and recommendations for fees
Marketing Branding Health Literacy	1. Educating and raising awareness of financial assistance & the Marketplace w/out advertising $ 2. Better support Navigators/Brokers with limited advertising and resources 3. In light of the above, still meet enrollment goals of the organization

SHARED ELIGIBILITY SERVICE RECOMMENDATION

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Proposal summary: laser focus on <u>improving the customer experience</u> for Nov 2015 OEP

Customer service issues

- Complex, error-prone eligibility determination process

- Customers, brokers and health coverage guides unable to correct issues

- Call center wait times too long

- Delays in issues resolution

- Training coordination

Major solution components

1) More streamlined user experience with the ability to easily correct data entry errors

2) Better stakeholder engagement during design, training, & issue resolution

3) More robust governance and vendor coordination

4) Vendor contracts to be based on fixed fee for delivery and acceptance of software.

Requires investment of $4.1 - $5.1M total

Expected impact

Improved customer experience
- 1 in 3 calls to the service center regarding eligibility results or issues will be avoided
- 1 in 2 calls to the service center from brokers and health coverage guides will be avoided

Reduction in costs of ~$4.7M in the first 15 months
- Fewer client calls for support (~$1.7M)
- Fewer eligibility incidents (~$1.2M)
- Fewer calls from brokers / HCGs (~$1.2M)
- Faster verification processing (~$600k)

Revenue uplift of ~$1.3M in the first 15 months
- ~10k more enrollments from increased broker capacity (~$650k)
- ~10k more enrollments from increased self-assisted enrollments (~$650K)

Drives expected ~$6M in cost saving, revenue uplift

i. Total investment of $4.1 to $5.1M in 2015 significantly offset by expected $6M in cost reduction and revenue uplift within 15 months of 'go-live' of the enhancements
ii. To be conservative, further $3M in potential cost savings and revenue uplift not included

Key drivers for customer and cost / revenue impact in proposed solution

Increased Cost and Frustration →

All 75K financially assisted customers spent more time applying than they should have

Any of the 75K FA customers who need to report a change must call the service center

7-10K FA customers had issues that delayed their enrollment by 1-4 months and cost millions to correct

Calls to the service center for FA applicants were 3X as long as NFA calls

Brokers estimate that they could have brought 10-15K additional customers to the Marketplace if they were not having to deal with SES issues and Medicaid customers
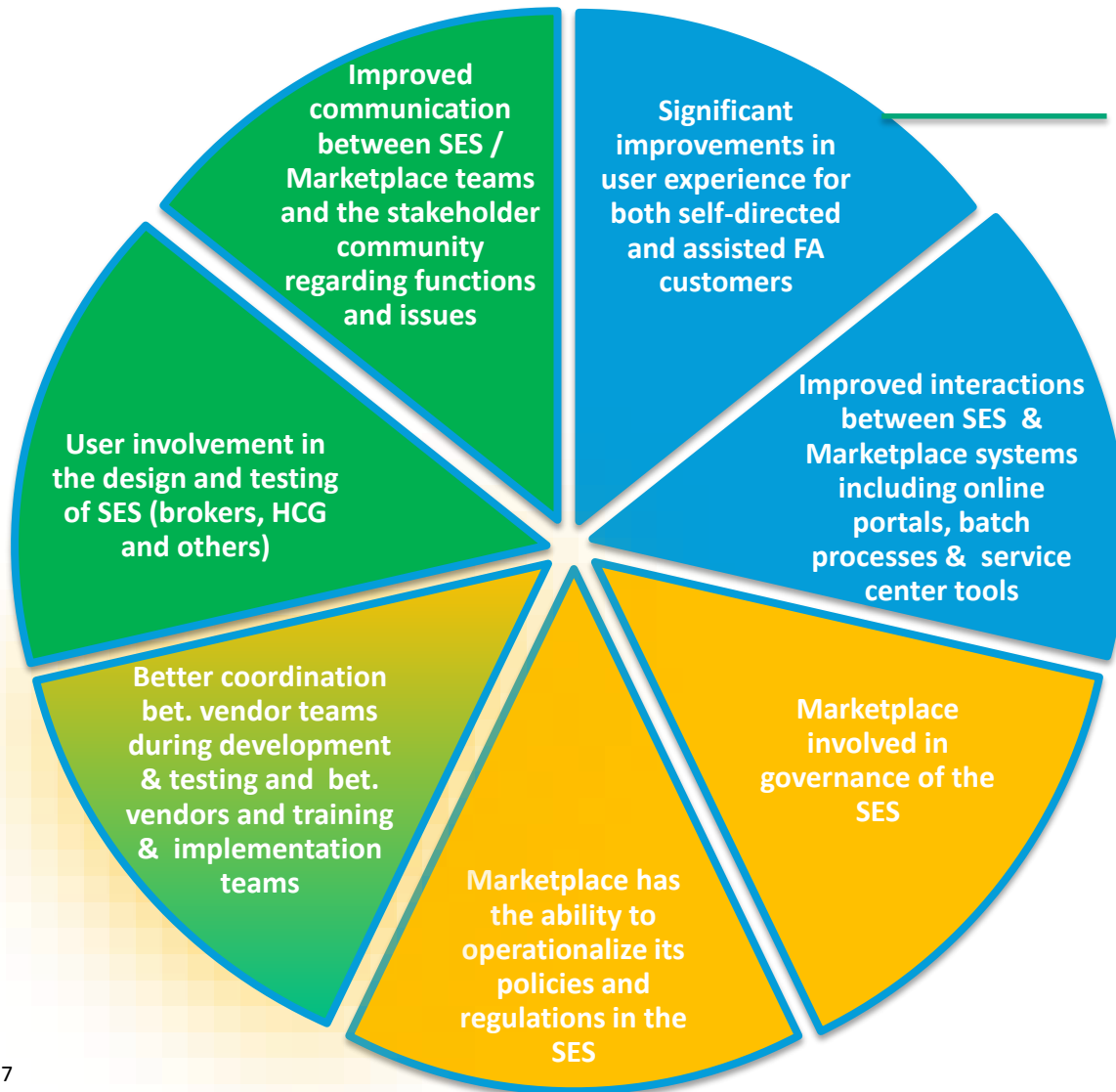
We estimate that 5 -10K customers failed to enroll with Connect for Health Colorado due to the complexity of the application and the errors in eligibility results

Decreased sales and confidence ↓

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Must-have solution components

Improved communication between SES / Marketplace teams and the stakeholder community regarding functions and issues

Significant improvements in user experience for both self-directed and assisted FA customers

User involvement in the design and testing of SES (brokers, HCG and others)

Improved interactions between SES & Marketplace systems including online portals, batch processes & service center tools

Better coordination bet. vendor teams during development & testing and bet. vendors and training & implementation teams

Marketplace involved in governance of the SES

Marketplace has the ability to operationalize its policies and regulations in the SES

What we heard:
#1 priority is a much faster path for families with straightforward income and households and to simplify the process and questions for people with more complex situations

Legend
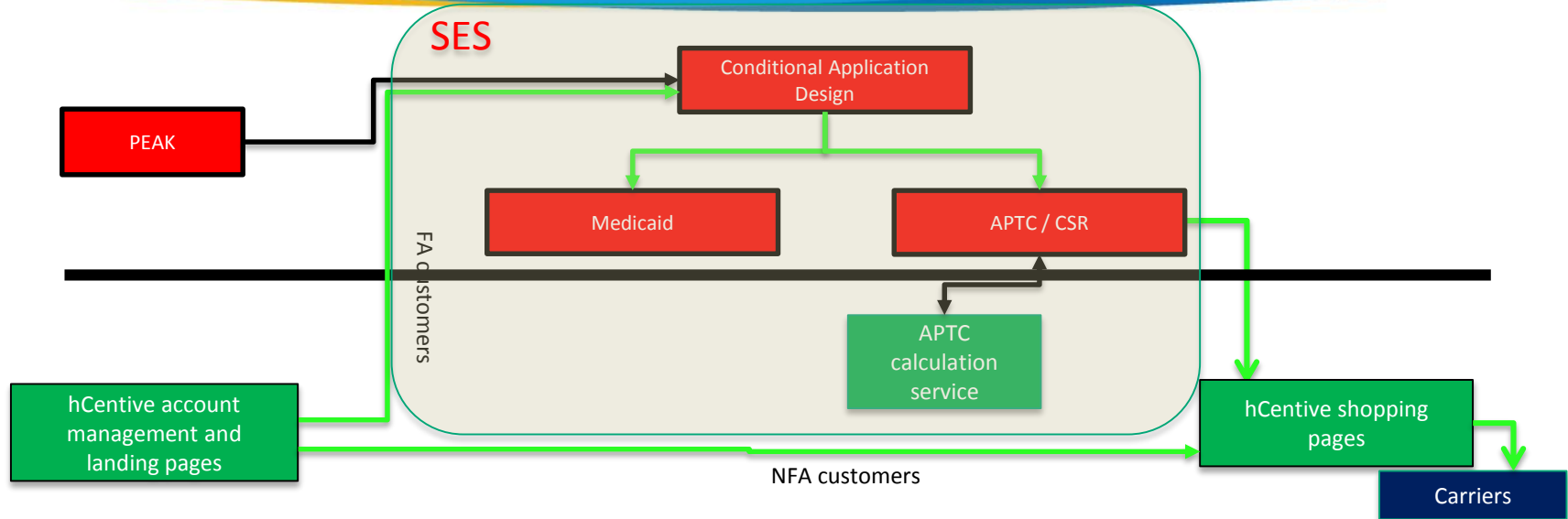
1) More streamlined user experience

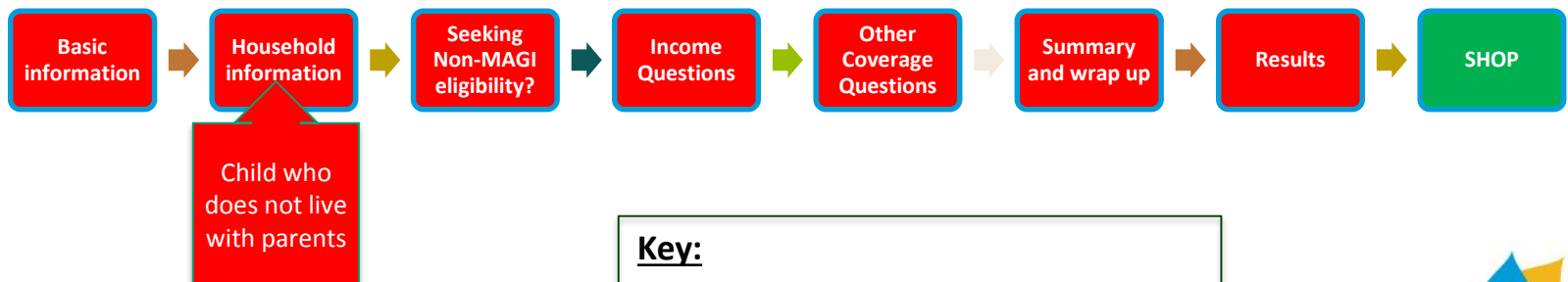**2) Better stakeholder engagement during design, training, & issue resolution**

3) More robust governance and vendor coordination

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Simplified graphic of solution

Proposed Shared Success Metrics

Proposed Success Metric	Measures	Currently measured	Data Source ?
Real-time eligibility results	• Operational efficiency • Customer satisfaction	Yes	Deloitte
Reduction in total number of eligibility incidents reported (Marketplace, HCPF, Maximus, counties)	• Operational efficiency • Customer satisfaction	Partially	Combined from all CRM systems
Reduction in average handle time (AHT) for FA customers	• Indicates that improvements made impacted application processing time	Yes	Marketplace CRM
Single call resolution for FA customers in the Marketplace	• Indicates that the changes to service center tools and training were effective	No	Marketplace CRM
Customer survey results	• Customer satisfaction	Yes	Customer surveys
Net promoter score	• Customer satisfaction	No	Online and call center surveys
Determination accuracy	• Compliance	No	TBD
Incremental increase in enrollments	• Overall satisfaction	Yes	Marketplace data marts

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Key Implementation Risks and Mitigation

Area	Potential Impact	Options to mitigate
There may not be enough time to deliver significant change to the SES before next OEP	User and stakeholder disappointment; no reduction in operational costs	Prioritize most impactful items to be delivered first
Intense desire to deliver significant change may result in defining scope of project that cannot be delivered before next OEP	No changes for next open enrollment, development costs incurred without benefit	Define release contents based on development and test capacity, tight program management; joint development of contingency plans
User changes must compete with CMS-required changes for development and test resources. CMS approval of specific delivery plan may require that we prioritize items such as changes to FDSH calls and other items that do not improve user experience	User and stakeholder disappointment; limited reduction in operational costs	**UPDATE: HCPF and Connect for Health Colorado have received preliminary CMS and CCIIO approval of plan and scope. We will need to develop and gain approval for a plan for addressing the non-user impacting items such as FDSH calls.**

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Near-term next steps for solution implementation

- Hold joint session(s) with the Marketplace, HCPF, OIT focused on defining:
    - Shared Outcomes for collective customer service metrics
    - Define roles and interfaces across customer path 'doors'
    - Identify service philosophy
    - Determine metrics that underlie the above desired philosophy and outcomes
    - Cost allocation methodology

- Incorporate DRAFT Metrics into the Marketplace Strategic Plan & Balanced Scorecard for Committee and Board review

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SES Recommendation

Solution Component	Recommendation
Significant improvement in user experience	• "Conditional application design • Creation of a "Wrap up summary" screen with "correct my application" and "submit my application" functions • Standalone, simplified RMC functions for Marketplace users • Screen redesigns • Avatar (Codebaby) for key screens • Allow customers to shop while eligibility is pending • Correct known limitations with current system for LPR
Interactions between systems improved – both online & service center tools	• Additional changes to payloads to support improved user experience • Deployment of CBMS customer service features onto the Marketplace customer support portal
Marketplace shares governance of SES	• Shared SES-only ESC with HCPF, the Marketplace, and OIT • Simplified path through CBMS ESC for Marketplace only changes • Marketplace contracts senior PM for management
Marketplace operationalizes its policies	• Marketplace hires or contracts for Eligibility experts who understand Medicaid vs the Marketplace and are part of the development, testing, implementation, training and ongoing support teams
Communication between development, testing & training teams is improved	• Co-located development and test teams • Joint development / delivery of training materials

Budget Request: Up to $5.1M across FY 2015 and FY2016

• ~$2.2M in FY2015 and ~$2.9M in FY2016
• Fixed fee contracts for development and implementation, vendors will be paid when the software is delivered and accepted

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Next Steps for 2016 Budget Process

Input & Impact Scan

Advisory Groups, Board, Community, Legislature, Staff, Stakeholders

State-based Exchange Budget, Staffing, Fees Comparisons, as available

Strategy & Tactics' Business Case Development

Tiered by ROI/SROI value propositions, regulatory & system requirements

Enrollment Forecasts

Assessment Fees Recommendation

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Scenario Plan to better incorporate unforeseeable revenue and expense impacts

Iteration: Discretionary Items

Service Levels

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Continued Inputs

Forecast revisions

Committee, Board, LIRC Reviews

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Near term next steps for 2016 budget process

- Develop scenarios which capture interplay between key budget drivers, including:
    - Customer Service Levels: TBD
    - Medicaid Support levels: % TBD
    - Medicaid Reimbursement: $ TBD
    - CBMS Access
    - Assessment Fees' increases
    - Assistance Network financial support
    - Utilize Cash Reserves for funding Revenue timing gap
    - Marketing breadth/depth

- Continue discussion with HCPF on Medicaid reimbursement, cost sharing and allocation strategy

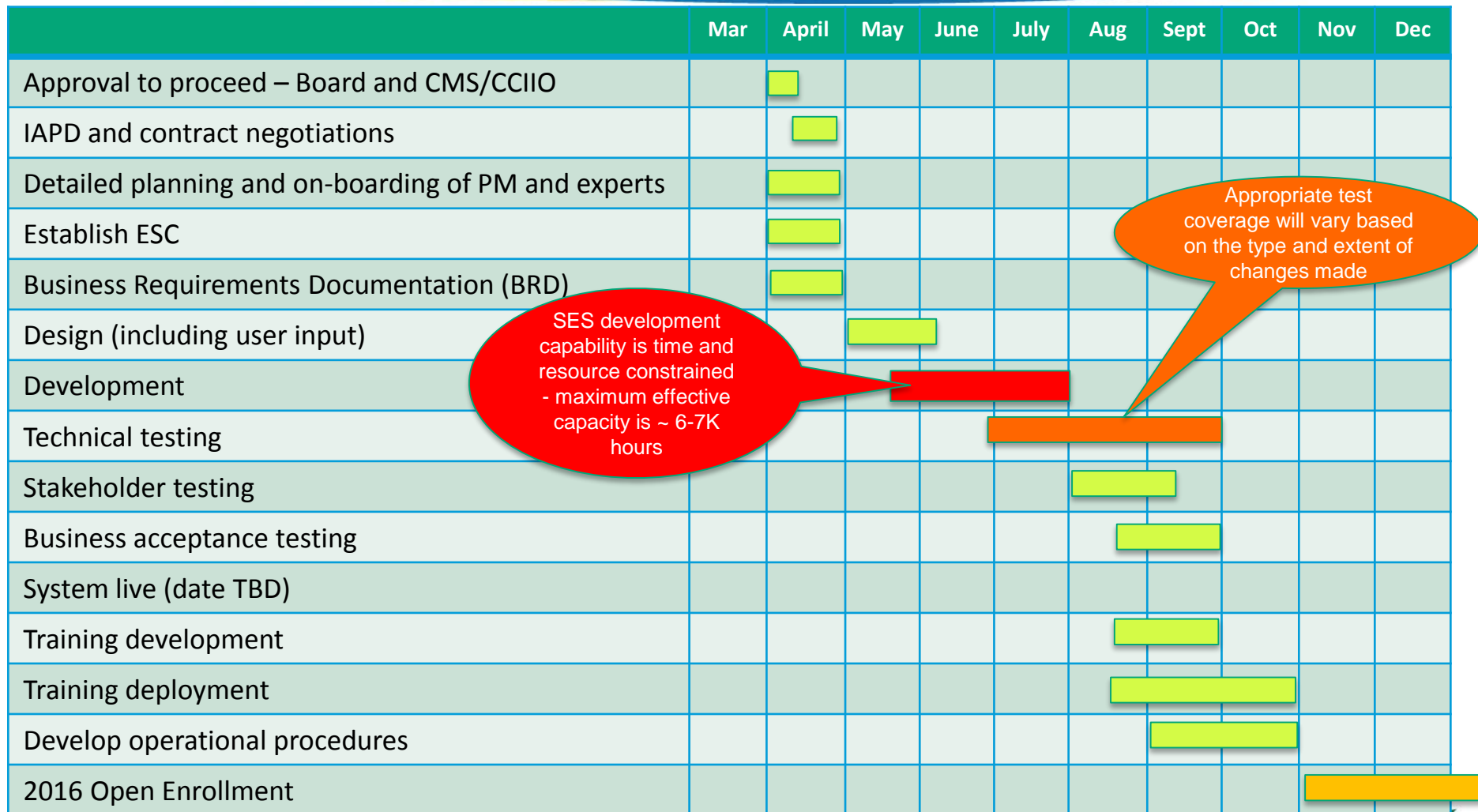CONNECT for HEALTH COLORADO®

APPENDIX

SES Solution business case

($000's)	Calendar Quarter									Total
	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	
Project Costs										
Development Costs	2,000	1,030	660	410	0	0	0	0	0	4,100
Project Management	100	150	125	75	50	0	0	0	0	500
Eligibility/Policy Experts	100	150	150	100	0	0	0	0	0	500
Ongoing Support - Deloitte*	0	0	0	750	0	0	0	750	0	1,500
Total Cash Outlays	2,200	1,330	935	1,335	50	0	0	750	0	6,600
Project Savings and Sales Uplift										
Individual Support Savings	0	0	600	400	100	100	500	400	100	2,200
Broker/Health Coverage Guide Savings	0	0	300	250	250	100	300	250	250	1,700
Back Office Savings	0	0	450	594	133	133	450	494	133	2,387
Increased Sales **	0	0	0	25	200	535	535	535	360	2,190
Total Savings and Sales Uplift	0	0	1,350	1,269	683	868	1,785	1,679	843	8,477
Net Cash Outlay (Receipt) - Cumulative	2,200	3,530	3,115	3,181	2,548	1,680	(105)	(1,034)	(1,877)	(1,877)

* Increase of $500k from 2015

** Assumes 20K additional enrollments during 2016 OEP

Draft High Level Timeline for solution implementation

	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Approval to proceed – Board and CMS/CCIIO		▢								
IAPD and contract negotiations		▢								
Detailed planning and on-boarding of PM and experts		▢								
Establish ESC		▢								
Business Requirements Documentation (BRD)		▢								
Design (including user input)			▢							
Development				▬						
Technical testing					▬					
Stakeholder testing						▢				
Business acceptance testing							▢			
System live (date TBD)										
Training development						▢				
Training deployment							▢			
Develop operational procedures								▢		
2016 Open Enrollment									▬	

SES development capability is time and resource constrained - maximum effective capacity is ~ 6-7K hours

Appropriate test coverage will vary based on the type and extent of changes made

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SES Solution ANNUAL Benefit detail

	Benefit	*Annual Cost Savings*	*Annual Revenue Increase*
Included in Business Case	33% fewer calls for FA customers; AHT and ASA also reduced by 33%	$1.5M	
	33% fewer eligibility incidents (5K instead of 8K)	$850K	
	Reduced deterrence factor resulting in 10K additional self-assisted enrollments (assumes 67% retention rate, $1.25 PMPM special fee assessment and 1.4% broad market assessment)		$500K
	Free up capacity for additional sales for Brokers and service center resulting in an additional 10k enrollments (assumes 67% retention rate, $1.25 PMPM special fee assessment and 1.4% Broad Market Assessment)		$500K
	50% reduction in calls from Brokers/HCG's needing assistance	$800K	
	Reduce time to process verifications by 50%	$500K	
	Improve application accuracy (wrap-up screen), reduce incidents	Included	
	Reduce or eliminate LPR / 5 year bar issues	Included	
	Total	**$3.65M**	**$1.0M**
Not Included in Business Case	Better data integrity/accuracy, lower reconciliation costs: carriers, CMS, IRS	$200K	
	Reduction in support costs dues to improvements to Report My Change feature	$2.0M	
	Fewer simultaneous enrollments	$35-50K	
	1095 accuracy, calls, reconciliations	$100K	
	Outreach: capture Medicaid churn more efficiently (improve capture 10k)		$500K
	50% reduction in appeals received	$200K	
	Total	**$2.5M**	**$500K**
	Customer satisfaction> brand improvement	*Priceless*	

Other proposed solution considerations

- **Solution components**
  - Connect for Health Colorado continues to evaluate key components of the hCentive alternative solution as part of our long-term strategy to reduce technology and support costs
  - The Marketplace and HCPF will determine appropriate level of interaction between service centers
  - Connect for Health Colorado is evaluating the implications of becoming an APTC-only MA site or contracting with an existing MA vendor

- **What is missing from the solution**
  - Connect for Health Colorado and HCPF will continue to address operational improvements to key business processes: verifications, paper application, appropriate SLA's and issue resolution
  - Ongoing data cleanup issues
  - Real-time end-to-end service-level monitoring of application process across both SES and the Marketplace systems

- **The fine print**
  - At this time, it is possible that all 117 changes – or just the 78 high priority items – will not be delivered before the next open enrollment period. The Marketplace, HCPF and our vendors need to determine the capacity to develop and test changes. Once capacity is established, teams will prioritize the changes to ensure that highest impact / priority items are addressed
  - Savings presented assume the highest impact changes are implemented – actual savings may be higher or lower based on other factors including impact of discontinuation of 'grand-mothered' plans; effect of changes in plan pricing; percent of auto-renewals; impact of workarounds for current issues on life change, data quality and 1095 processing; and other items not affected by the eligibility solution

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